

**Department of Parks and Recreation
Capital Improvement Program Business Connection Form**

First Name:		Last Name:	
Organization:		Organization Principal:	
Organization Description:			
Specialty: (Check all that apply)	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Mechanical Subcontractor	
	<input type="checkbox"/> Site Subcontractor	<input type="checkbox"/> Electrical Subcontractor	
	<input type="checkbox"/> Concrete Subcontractor	<input type="checkbox"/> Plumbing Subcontractor	
	<input type="checkbox"/> Roofing Subcontractor	<input type="checkbox"/> Architectural Design	
	<input type="checkbox"/> Architectural Subcontractor	<input type="checkbox"/> Engineering Design	
	<input type="checkbox"/> Specialties Subcontractor		
Address:		City:	
State:		Zip Code:	
Telephone:		Fax:	
Email:			
Qualifications:			
LSDBE Certification?	___ Yes ___ No		
Bonding Company:		Limit:	\$
Recent Projects:	Project 1		
	Name:		
	Address:		Value: \$
	Project 2		
	Name:		
	Address:		Value: \$
	Project 3		
	Name:		
	Address:		Value: \$
Client References: (Include phone #)			
Trade References: (Include phone #)			

Please fax completed form to Thomas Perry at (202) 462-1082.